



STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

Department of Public Health

Presentation to the Appropriations Committee

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Good afternoon, Senator Harp, Representative Walker and members of the Appropriations Committee. I am Dr. Jewel Mullen and I am here to testify in support of the Governor's proposed budget for the Department of Public Health (DPH) for 2012-2013.

Last year when I sat before you for the first time, I spoke about the work of my department as a "behind the scenes" but vital contributor to the wellbeing of Connecticut's residents and communities. I also referred to public health as an "underdog" in the competition for scarce state and federal funds, since the return on investment for prevention is long term and therefore remains undervalued when compared to outcomes from direct health care services. This imbalance was well described in a Wall Street Journal article last week as the writer posited why President Obama's proposed budget for fiscal year 2013 included what is projected to amount to a 5 billion dollar cut to disease prevention over the next decade. Although I am here to discuss the state budget, as public health commissioner and leader of an agency that receives more than 52% of its annual funding from federal sources, I always think and talk about our state budget in that larger context.

Some of you may recall that I approach my work with the philosophy of striving to do differently rather than more with less. And while doing things differently can produce greater efficiency that is not always the result. At some point we acknowledge that with less we are forced to do less – to narrow and hone our priorities. Recognizing that change is one of the hardest challenges an organization can take on, I will proudly cite some of the past year's accomplishments of DPH staff whom I know I have pushed to embrace the notion of doing things differently in the context of declining resources. Tropical Storm Irene and the October winter storm evoked the best of our disaster preparedness and response work as we ensured the quality of care at hospitals and nursing homes, monitored drinking water safety, released risk communications, ensured continuity of WIC services, provided support to community shelters, contributed assets from our

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mobile field hospital, and provided technical assistance to local health directors across the state. Through collaboration with local health leaders and other community partners we also received a highly competitive Community Transformation Grant from the Centers for Disease Control and Prevention. This award supports capacity building in Connecticut's five non-urban counties to reduce the state's chronic disease burden. We have increased our collaboration with the state Medical Examining Board to improve practitioner licensing, investigations and discipline through a combination of proposed legislative proposals and process improvements. DPH staff has provided consistent and intensive support to the development of the Health Information Technology Exchange of Connecticut Board of Directors, moving us closer to Stage 1 meaningful use of health information. Finally, we have mapped our agencies strategic priorities, and we participate in a number of national efforts related to public health performance improvement, efforts that will prepare us for accreditation. These are just some of the accomplishments of the past year that we will build on with support from the FY '13 budget.

The Governor's proposed budget for 2013 level-funds a number of Departmental appropriation lines, including the **Needle and Syringe Exchange, Childhood Lead, AIDS, Children with Special Health Care Needs, Rape Crisis, X-RAY Screening and Tuberculosis Care, Genetic Diseases, and Venereal Diseases Control** programs. Consistent with the Administration's commitment not to decrease municipal aid, the **Local and District Departments of Health** account also is level funded. 3 other programs (**Breast and Cervical Cancer Detection and Treatment, Children's Health Initiatives, and Medicaid Administration**) are essentially level-funded, as their only reductions reflect a hold-back of cost of living adjustments in accordance with last year's SEBAC agreement. Since they are level-funded, I will not discuss the work of these programs now but am prepared to answer questions you might have about them at the end of my testimony.

Like in the proposed FY 2012 budget, funding for **Fetal and Infant Mortality Review** has been eliminated. A focus on healthy babies, reducing the high incidence prematurity and low birth weight (two risk factors for infant mortality), is a national priority that has been articulated by the U.S. Department of Health and Human Services leaders. It is also the current Presidential Challenge for the Association of State and Territorial Health Officials and a priority for the DPH. Disparities in low birth and infant mortality continue to be a concern in our state. A number of existing federally funded programs address this issue –including Healthy Start, the Teen Pregnancy Prevention Program, and the Personal Responsibility Education Program. Over the past year, the DPH engaged as a leader on statewide efforts that involve other state agencies and community partners to address prenatal issues and birth outcomes from a policy perspective. These are: 1) the Partnership to Eliminate Disparities in Infant Mortality – Action Learning Collaborative, with a focus in New Haven; 2) the State Policy Action Team on Integrating Quality Home Visiting Services in State Early Childhood Systems; and 3) the National Leadership Academy for the Public's Health.

The proposed \$412,592 reduction to the **School Based Health Clinics** account reflects funds which have not been utilized by their intended recipient since first designated in 2009 to provide services to non-traditional students during evening hours. Since the funds have remained non-committed, there will be no impact on existing contracts.

Funding to the **Community Health Services** is reduced by \$666,822, which will result in lower departmental allocations to each of the community health centers we currently fund. The basis for this decision is the anticipation that centers will experience revenue increases as a result of being reimbursed through the Medicaid (Low Income Adults) program. When they provided services to the State Administered General Assistance population, DMHAS paid health centers a negotiated rate which was often times, half of what they are getting now through a 100% cost based reimbursement methodology under LIA.

The **Immunization Services** account has been more than doubled (\$20,775,855) because of the proposal to provide all state children vaccine protection against 3 infectious agents, Hepatitis A, Pneumococcus, and Influenza. Each of these vaccines is required for day-care enrollment.

Finally, the **Personal Services** account has been reduced by \$2,647,002. The only firm plan I can present today for addressing this reduction is our intention to work with OPM to find a solution. With regard to our personnel, what I do want to convey is my high regard for their hard work over the past year.

I also appreciate the ability to work with you, the Public Health Committee, and other legislators. Thank you for giving me the opportunity to discuss the Governor's proposed FY '13 budget for the Department of Public Health. I would be happy to answer your questions now.